stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Quella anne	Registration Dist. No. 252
- 10 T 41	
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pena L adams	22. I HEREBY CERTIFY. Thet I attended decassed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on Feb 12., 1936; death Is said to have occurred on the date stated above, at a m.
65 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	Mitral Regurgetation and
10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
13. NAME Wat foldand.	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) 13. MAME 14. BIRTHPLACE (city or town) 13. MAME 14. BIRTHPLACE (city or town) 15. March	Name of operation Data of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19 19 19 19 19 19 19 19 19 19 19 19 19
17. INFORMANT MAN Firsuk To alama (Address)	Where dld injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place State 1974 Date 2/18 , 19 34	Manner of injury
19. UNDERTAKER/ Service (Address) Sastrum (Mach	24. Wes disease or injury in any way related to occupation of dacaesad?
20. FILED 2-17-, 19.36 Manie S. Begge	(Signad) M. D. (Address) Centimile M.L.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 1992
1. PLACE OF DEATH	Sa-al x
County Jacen Unne	Registration Dist. No. 23 4
Village or City / Laonnelle	No. (outside) St., Ward
Length of residence in city or town where death occurred 47 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Valoure Banes	e) un.
(a) Residence: No. Grasonville	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Felt. 8, 193 (Yeer)
5a. If merried, widowed, of divorced HUSBAND of (or) WAFE-of Jusan Morris	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 1869	l last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
67 Unknown fday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
3 8. Trade, profession, or particular kind of work done, as SPINNER, canwer procketers of the convey procketers of the co	Jane of one of
SAWTER, DOORNELFER, ELC.	applexy
9. Industry or business in which work was done, as SILK MILL, Farm roadwork	
Date deceased last worked at this occupation (month and -/92) spent in this O	
yeer) occupation occupation	Other Coutributory Causes of Importanco:
12. BIRTHPLACE (city or swn) - Transfer Care (State or country)	
13. NAME Jam Bouldin	
13. NAME Sam Obulden 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy? 100
15. MAIDEN NAME Charlotte	23. If death was due to externat causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Charlette (7) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT GADERANT CARDEN MA.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md. Fuls 11 3/	Manner of injury
Place Olasones Le Date 1906	Nature of injury
19 UNDERTAKER Mrs. China le. Eddins.	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Feb. 11, 1936- Tele M. aldilge	(Signed) Laurel White M. D.
If more blanks are needed, address State Registrar,	Ou Colonia Col

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I		1	Example II	
The principal cause of death and related causes of importance were as follows: MAR 5 1936	Date of o	nset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	5	Attack of epilepsy	1 week ago
Chronic interstitial nephritis * . FU V. S.	192	1	Run over by street car	1 week ago
Cerebral hemorrhage	Fuly5,1	1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1,	1923	Gastroenteritis	1 year

ADDITIO	NAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	1 -
This man	down dear ou floor M1	us
- Serger &	19 12 men 8/1936	
Dra frage	necen un attensance. Coron	er o
Case:		

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

INDI	RMAL
ARGIN RESERVED FOR BINDI	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN
ARGIN RESI	UNFADING IN
	WITH
	PLAINLY,
. No. 1	B-WRITE

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1993
1. PLACE OF DEATH	
County Curen Amies	Registration Dist. No. 2153
Village or City Alvensville	No. St., War death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city or town where death occurred 3 yrs mos	HTM : HTM
2. FULL NAME Annes J. A Frist	
(a) Residence: No. Stevenshiel	Lest. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Homany 2 (Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of A	20
(or) WIFE of Manie S. Bright	22. I HEREBY CERTIFY The I ettended deceased fro
DATE OF BIRTH (month, day, and year) Way 30-6/877	i last saw h 19 alive on Febr. 2 ,1936; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 30 10m.
5-8 8 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede profession or particular	Curouic pryocarditis Date of one
kind of work done, as SPINNER, awayer SAWYER, BODKKEEPER, etc	and myoscandial 173
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	degeneration
10. Date deceased last worked at this occupation (month end / 936 spant in this occupation content in the spant in the spa	
Mevensville	Other Contributory Causes of importance delegates 193
BIRTHPLACE (city or town) (Stete or country)	O access of the sale of the sa
13. NAME & Benjamin Bright	I his the
14. BIRTHULACE (city or tout) Naut Solaled	Neme of operation any dutations eller of June 1
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Natherine Thomas	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Que au au au Co.	Accident, suicide, or homicide? Dete of Injury 19
(State or country) Maryland	Where did injury occur?
INFORMANT Med J. Fred Carter	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place levensurelle Date / Eb 4, 1936	Neture of injury
Flo II	24. Was disease or injury in eny way related to occupetion of deceased?
(Address) Mensing Comm	1 . 0 . 1 . 1
FILED FEb 2: 1936 F Chomas	(Signed) Danumair M.
Tocal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example F		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis "	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1			

ADDITIONAL SP.	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
----------------	-----	-----	---------	------------	----	----------	----

7	item
	Every Every
(RECORD. Every item
BINDING	PERMANENT RECORD.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH, O.O.
1. PLACE OF DEATH	93-6
County Jules Clyne	Registration Dist. No. 254
Village or City Carmichael	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comma BLUS	· Du
(a) Residence: No. Casmicheal	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH \$\psi\$ 1. P.
Temale Colored OR DIVORCED (wir the word)	Teb. 14- 1936
5a. If married, widowed, or divorced HUSBAND of	(Month) (Oay) (Year)
(or) WIFE of Do not length	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1899	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
37 Unkrown lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which	but from history it evidently
SAW MILL, BANK, etc turate to	was a heart attack - she was
0. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (cupation)	sick only a few mentes;
0 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — Xully Cluster Country)	(Wrone Mys Cordete.
13. NAME Charles Bruson	
14. BIRTHPLACE (city or town) - Lucery anne Co	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Le
15. MAIDEN NAME Olice?	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Jules and Constant	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
(Address) Que nathun My R. A.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place akkeehael Date Tel. 1. 193	Nature of injury
19 UNDERTAKER Mrs. annie W. Eddin	24. Was disease or Injury in any way related to occupation of deceased?
(Address) entrentle, md	If so, specify Tisher
20. FILEO TV: 1, 193 6 Helen M. Clause	(Signed) (Address) M. O
If more blanks are madel all a Company	

If more blanks are needed, address State Registraw, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 5 193		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis South Fill V	. S.1927	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S	TATE C	OF MAR	YLAND-	CERTIFICATE C	OF DEATH	995
1. PLACE OF DEA	TH			(59)		
County	Queen	Anne			Registration Dist. No. Z	50
Village or City	Sudlers	ville		No. death occurred in a horpital or institution	St.	1
Length of residence in	city or town where	death occurred 14	yrsmos	ds How long in U.S. if of	foreign birth?yrs	mos
2. FULL NAME	John	P. Carter	•			
(a) Residence: No.				St., Ward.	*	
PERSONAL A	ID STATIST	(Usual place		MEDICAL CE	If nonresident give city or town	
	OR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	-t	П
Male Wh	ite	Marrie Marrie	(write the word)		(Month) (Day)	, 193
5a. If married, widowed, or div HUSBAND of (or) WIFE of Tdo	w.Carte				CERTIFY, That I atte	nded decease
Tua	W. Car ce	1				, 19
6. DATE OF BIRTH (month, di 7. AGE Years			5. 1861	I last saw h elive on	Feb 14 ,19.	36; deeth
75	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated The PRINCIPAL CAUSE OF DEATH were as follows:		
2 Trade, profession, or profession,	particuler		101	Esotion	las	Date
No. 1 Trade, profession, or kind of work done SAWYER, BDOKKE S. Industry or business work was done as		armer		7.7		
9. Industry or business work was done, as SAW MILL, BANK,	SILK MILL,			V		
10. Date deceased last we this occupation (myear)	orked et	11. Total ti sper	me (yeers) It in this 1 fe			
12. BIRTHPLACE (city or town (State or country)) Ora	gon		Dther Contributory Cause of import	ance:	
1	den Car			Marilo	yeums	
14. BIRTHPLACE (city or	town)			Name of operation	Date	of
(State of country)		issiuri		What test confirmed diagnosis?		e an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or to country)	Ellino	re Cummi	ings	23. If death was due to external cause		
O 16. BIRTHPLACE (city or to State or country)	town)	Tenn.		Accident, suicide, or homicide? Where did injury occur?	Date of Injury	, 19
	Carter			Specify whether injury occurred in	(Specify city or town, county an INDUSTRY, In HOME, or in PUBLI	d State) IC PLACE.
(Address) 18. BURIAL, CREMATION, OR		lersvill	Le. Md.			
Place Temp	livela 12	Date Fall	17 .1936	Manner of injury		
19. UNDERTAKER	13.R	amlen	ago,	24. Was disease or injury in any wey		17 12
(Address)	grie	o buro	Moy.	If so, specify		
20. FILED Feb 17	193 la Da	mes Po	Kurto	(Signed)	D Muleel	le .
	1	depto	Registrar.	(Address)	ull tastills	m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

____yrs.____mos.____ds.

Y. That I attended deceased from

14...,1936; deeth Is said

_____ Date of_____ ----- Was there an autopsy?____

Date of Injury _____, 19_____

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

. 1		ARGIN	ARGIN RESERVED FOR BINDING	/ED	FOR]	BINDING		4	M S)	M
-WRITE PLAIMY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	VITH	UNFADI	NG INK-	THIS	IS A P	ERMANE	VT REC	ord. Every	item of	info
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	ully	supplied.	AGE shoul	q pe	stated	EXACT	LY. PI	HYSICIANS	should	stal
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	plair	terms, so	that it ma	y be	properly	r classified	. Exact	statement	of occ	UPA
TION is very important See instructions on back of certificate.	V. +	an instruct	ione on har	k of	ertifical	9				

E.

LION

. 0 .

STATE OF MARYLAND—CERTIFICATE OF DEATH 1556 1. PLACE OF DEATH County Registration Dist. No.0 Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred mos. ds. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5M2/ (Month) (Oay) (Year) 5a 1 married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 19______ to______ 19_____ 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Oavs 1f ESS than Months 1 day hrs. The PRINCIPAL CAUSE OF DEATH end related couses of importance or____min. were as follows: Oate of oneet 8. Trede, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased last worked et 11. Total time (years)
spent in this this occupation (month end occupation _____ 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town) Neme of operation ... (State or country) What test confirmed diagnosis?_____ Was there an autopsy?___ If deeth was due to externel ceuses (VIOLENCE) fill in elso the following: MOTHE Accident, suicide, or homicide?______ Oate of injury_______19_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or Injury In any way related to occupation of deceased?_____ 19. UNDERTAKER If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	G 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	1997
--	------

1. PLACE OF DEATH	(3)
County Queen Que	Registration Dist. No. 254
Village or City Carme chaels	No. (outside) St. Ward
20	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tarie Elizabeth &	odd.
(a) Residence: No. Carmicheal	Ct. Word
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OR RACE COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Fals 9.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Or Henry Solds	22. I HEREBY CERTIFY, That I attended deceased from 19 to Feb 9 - 19 5
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Fat 7- 1936 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and refated causes of Importance
Ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Chronic Interottica
DAW MILL DANK	neplantis
10. Data deceased last worked at this occupation (month and 1934 11. Total time (years) spant in this occupation 254	3.
12. BIRTHPLACE (city or town)/Cilmarus & () 2 (Stata or country)	Other Contributory Causes of Importance:
1	
II. NAME 177 CCC CCC	
13. NAME Muthers Roudine 14. BIRTHPLACE (city or town) (Stata or country)	Name of oparation Date of
15. MAIDEN NAME E mily Pitrian 16. BIRTHPLACE (city or town) Kelenamos CK (State or country)	23. If death was dua to extarnal causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Kelenamus ck	Accident, suicide, or homicida? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs Nollie ayers (Address) 400-32 & Wilm del-	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Controlle Judoate Feb 12, 1936	- Nature of injury
19. UNDERTAKER Jas Spence (Address) Eastlan - Maryland	24. Was disease or injury in any way related to occupation of daceased? Los
20, FILED Feb. 10, 1936- Helen M. aldis	(Signed) W Newy Foster M.D. (Address) Confirmale md
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NAR 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The Service Co. Se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	FN	MARYLAND—CERT	IFICATE	OF	DEATH	1998

1. PLACE OF DEATH	
County O/ year au	Registration Dist. No. 252
Village or City of course Center	villano. St. Ward
1	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CLASSE Soull.	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	July 12 102 6
Teman vonce marina	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
(01) WIFE OF John Houle	- February 9° , 1936, to Tebruary 12, 1936
6. DATE OF BIRTH, month, day, and year) Nov 12 1870	I last saw hex /aliva on Debuery 12, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at /disop_m.
66 #8 ZV 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follow:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Howe yould	- Date of one of
SAWYER, BOOKKEEPER, etc.	Corcumansto J Floward 5ym
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation month and year occupation of the spent in this	•
an olimping and discussion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Lollyst 7	Bassellas
13. NAME Themas Bal.	the same of any
13. NAME / Lando / Stall /	Name of operation Date of Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Educated Was there an autopsy? Eld.
15. MAIDEN NAME Walkerom	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of injury, 19
State or country)	Whara did injury occur?
17. INFORMANT House House .	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Of war and	
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury
Place Millstotts, Md Date Vels. 14-, 1934	Nature of Injury
19. UNDERTAKER P. B. Rawlings'	24. Was disease or Injury In any way related to occupation of daceased?
(Address) Screws tus / 7md,	If so, specify
20. FILED Jel: 14- 1936 Marrie S. Bright	(Signad) John M. D.
20. FILED J. 12. 17. 19. St. 17. W. 17. Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(Address) Pill 4 My Mid
If more blanks are needed, address State Registro	ar, 2412 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	J	<u> </u>	

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	winsville 1999
County Duceen annua	Registration Dist. No. 25 3
Village or City stevensveller	NoSt.,Ward
4	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME I'm Hale, Hoother	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
man while or DIVORCED (write the word)	76.0 2 (Month) (Oay) , 193 (Vear)
5a. If mazzied, widowed, or diverced HUSBANO of (or) WIFE of Debly Kursen Hoalin	22. IHEREBY CERTIFY, That 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) 1863 March 28	I last saw h Lu alive on V 2 1986: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
72 73 10 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Black Smith	Oate of onest
SAWYER, BOOKKEEPER, etc.	Tulenouan Orterculos
9. Industry or business in which work wes done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Chr Me orasterio
all my XI to the self-	us. My ocasaus
14. BIRTHPLACE (city or town) Kenhallane & County	Name of operation
(State or country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME ONNE Y BOXLES	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME CANNESS OF CONTROL OF CONTRO	Accident, suicide, or homicide?
E (State or country) Propagylands	Where did Injury occur?
17. INFORMANT Mrs & Westons (Address) Cantriville 2, W. Co., mal	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Milliam Particular Date And Feb. 19.5	Nature of injury
19. UNDERTAKER Address (Address)	24. Was disease or injury in any way related to occupation of deceased?
D. FILED TEL. 22, 1936 F-C Shoryas.	(Signed) M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	· L	te	4-	
)	infe	sta	UP	
	Jo	pln	000	
)	tem	sho) jo	
	ry	NS	nt	
	Eve	CIA	eme	
	ED.	YSI	stat	
	500	PH	ict	
	RB	.7	Ex	
5	LN	L	d.	
	NE	CI	sife	
1	SM	XA	clas	
7	PEI	田	·ly	40
7	V	ated	oper	25.4
4	SIS	st	pr	-
1	HI	l be	be /	30
177	J	onlo	ma	1
3	NI	Sh	t it	1
111	SN	AGI	tha	1
1	IDI	4	es .	
ANGIN NESENVED FOR BINDING	NF	plie	rms	
	5	dns	n te	
	ITH	illy	plai	0
	W.	refu	in	44
	Z	e ca	LTH	1
J	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	NY in the state of
	PL	houl	OF	-
	TLE	s u	SE	-
	2	tio	5	1

3	County	Que	en Anne				Registration Dist. No. 2	55
							St stitution, give its NAME instead of street	
	2. FULL NA	ME			n Lane	sds. How long in U.S. St., Ward.	if of foreign birth?yrs,	
(Marie				TICAL PART		MEDICAL	CERTIFICATE OF DEAT	
	sex Male	1	R OR RACE White	5. StNGLE, MA OR DIVORCE	RRIED, WtDOWED, ED (write the word)	21. DATE OF DEATI	Feb. 18 (Month) (Day)	193_6 (Yeer)
5€	HUSBANO of	ed, or divo	orced			22. I HEREI	BY CERTIFY, That I atte	nded deceased from
_	(or) WIFE of						, 19, to	
-	DATE OF BIRTH		y, and yeer)	Feb. 18,	1936	l lest saw h alive on.	, 19.	; deeth is said
7.	AGE Yea		Months	Oeys	1 day,hrs.		steted ebove, at7Am. EATH and releted causes of importance	Date of onset
kind of work SAWYER, B	e, profession, or particuler ind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. stry or business In which ork was done, es SILK MILL, AW MILL, BANK, etc.				STIL	LBIRTH		
OCCUPA	(1112 0000	ed lest wor petion (mo	rked et	11. Totel sp	time (years) ent in this cupation			
12. BtRTHPLACE (city or town) Millington, Md. (Stete or country)					ld.		•	
ER	13. NAME	Her	bert Lan	е				
FATHER	14. BIRTHPLACE (city or town)						Date	
1ER	15. MAIOEN NA	ME (Gilberta	Robinson			I causes (VIOLENCE) fill in elso the follo	
15. MAIOEN NAME Gilberta Robinson 16. BIRTHPLACE (city or town) (Stete or country) Md.				Md.		Accident, sulcide, or homicide?		
17, INFORMANT (Address)						Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		IC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Plece Oate								
19	O, UNOERTAKER (Address)	Po	2	war	ale		ny wey releted to occupetion of deceesed	
). FILED		19			(Signed) (Address)	E. Ofen	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
W &			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RE	PHYS.	Exact sta	
ARGIN RESERVED FOR BINDING	-WRITE PLAIN, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sti	
FOR B	IS A PE	stated E	properly	FION is very important. See instructions on back of certificate.
5	HIS	be	pe	Jo.
SEKV	INK-TI	plnoys 3	t it may	on back
IN KE	DING	. AGE	so tha	uctions
AKG	UNFA	upplied	terms,	e instr
U	VITH.	ully s	plain	t. Se
	Y, W	be caref	EATH in	mportan
	PLA1	plnods	OF DE	very i
. 1	-WRITI	mation	CAUSE	TION is

V. S. No. 1

Length of residence in gity or lown where death-occurred. 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3.68X 4. COLOR OR, RACE 5. SINGLE MARRIED, WIDOWED, OR BAYORED (WINDOWED, OR) 1. If married, widowed, or givered HUSAND of Corp. In LESS than day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE	STATE OF MARYLAND—	CERTIFICATE OF DEATH 21101
Village or City Ju Ceutheoule No. 1 (If death occurred in a horpital or minitudies, give its NAME intered of street and number) 2. FULL NAME 2. FULL NAME 2. FULL NAME 2. FULL NAME 2. PERSONAL AND STATISTICAL PARTICULARS 3. Mark 4. COURS OR, RACE 5. In married, widowed, or givened 4. COURS OR, RACE 5. In married, widowed, or givened 4. MINDRADO 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7.	1. PLACE OF DEATH	942
Langth of residence in gilly or lown where death occurred. 2. FULL NAME (a) Residence: No. (b) Aresidence: No. (c) Aresidence: No. (d) Residence: No. (e) Reside	County Julea Clima	Registration Dist. No. 252
2. FULL NAME Ellio Sacrift (a) Residence: No.		
(a) Residence: No. (Chuniplace of shode) PERSONAL AND STATISTICAL PARTICULARS JASK (COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BYOKED (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month)		ds How long in U. S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS JAPA 4. COLOR OR, RACE OR DAYORED Cornic the word A COLOR OR, RACE OR DAYORED Cornic the word 5. If married, widowed, or giverced (or) WHE of A DATE OF DEATH Jet 2 2 183 (Constitution) (Wonth) (Day) (Year) 1. Let saw h. alive on 1.9 death is said to have occurred on the date stated above, at 4 2 mm. Take Wears Months Deys If LESS than 1 day hrs	(a) Residence: No. as afre	
So. If married, widowed, or giverced HUSEAND (Gray) For Nature 5 So. If married, widowed, or giverced HUSEAND (Gray) For Nature 5 For Nature 6 For Nature 7 For Nature 8 For Nature 9 For Natu		
5. If married, widowed, or glyoreed HUSEAND (Address) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE 7. Years 8. Trade, profession, or particular kind of work done, as SPINNER, STATE (Address) 8. Trade, profession, or particular kind of work done, as SPINNER, STATE (Address) 9. Industry or business in which work was done, as SIX MILL, SAW MILL, BARK, etc. 19. Industry or business in which work was done, as SIX MILL, SAW MILL, BARK, etc. 19. Industry or business in which work was done, as SIX MILL, SAW MILL, BARK, etc. 19. Industry or business in which work was done, as SIX MILL, SAW MILL, SAW MILL, BARK, etc. 19. Industry or business in which work was done, as SIX MILL, SAW MI	OR DIVORCED (write the word)	Vet 22 193 6
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular 8. While of work done, as SPINNER, Seculator 8. SAVYER, BOOKKEEPER, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Total time (years) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MARGOURGE TOWN (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GEMATION, OR REMOVAL Place Little Country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Address 10. Address Address 11. Cannin, B. Bright 12. West disease or injury in eny way related to occupation of decased? 18. What are of injury 24. West disease or injury in eny way related to occupation of decased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Address 11. Adamic B. Bright 12. West disease or injury in eny way related to occupation of decased? 18. West disease or injury in eny way related to occupation of decased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Address 11. Agent was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. West disease or injury in eny way related to occupation of decased? 18. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. West disease or injury in eny way related to occupation of decased? 19. UNDERTAKER (Signed)	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Earle Long	22. Tanda HEREBY CERTIFY, That I attended deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importence were of follows: S. Trade, profession, or particular kind of work done, as SPINNER, Seulplar S. Industry or business in which work was done, as SSIK MILL, SAW MILL, BANK, etc. 18 Date deceased last worked at this occupation (month and year) (State or country) BIRTHPLACE (city or town). (State or country) Was Its. MADE PLACE (city or town). (State or country) Was Its. MADE PLACE (city or town). (State or country) Was Its. MADE PLACE (city or town). (State or country) Was Its. MADE PLACE (city or town). (State or country) Was there are eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. Where did injury occur? Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Cannow B. Baight. M. Date of meet were of follows: Were of follows: Accident, suicide, or homicide? Manner of injury. Nature of injury Nature of		I last saw h alive on, 19; death is said
Solution	62 3 73 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
work was done, as SILK MILL, SAW MILL, BAKK, etc. 19 Date deceased last worked at this occupation (month and this occupation) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MADDIOGETE Lagles of importance: 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Lagles of importance: 19. Other Centributory Causes of importance: Other Centributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: Neme of operation. Neme of operation. Date of What test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify whether injury occur? (Specify city or town, country and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury in eny way related to occupation of deceased? If se, specify. (Signed). M. D. (Signed). M. D. (Signed).	kind of work done, as SPINNER, Sewlptar	Syddenly)
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MADDUDDEL STATE STAT	work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MA DUDGER STATE ST	this occupation (month and year)	Oha Carletan Court disputation
14. BIRTHPLACE (city or town) (State or country) 15. MAD SUCCEPT (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Later (Address) 19. UNDERTAKER (Address) 20. FILED Met 24, 1936 Tlamia B. Bright: Neme of operation Neme of operatio	12. BIRTHPLACE (city or town)	Other Continuous Causes of Importance.
14. BIRTHPLACE (city or town) (State or country) 15. MADELLOGIC (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Library (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. Neme of operation. What test confirmed diagnosis? Was there an eulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Neme of operation. What test confirmed diagnosis? Was there an eulopsy? 24. Wes diagnosis? Neme of operation. What test confirmed diagnosis? Was there an eulopsy? 25. Becify or town, county and State Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupation of deceased? If se, specify (Signed) M. D. M.		7.
What test confirmed diagnosis? Was there an europsy? 15. MARGEBERE Stark 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mas there an europsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupation of deceased? If se, specify (Signed) Output Mas there an europsy? 25. Was there an europsy? 26. Bill in also the following: Accident, suicide, or homicide? Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) Control of the public place of the	13. NAME	Neme of operation
15. MA Columber Stark St	(State or country)	I.
Where did injury occur? (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Language Dete Fely 14, 1934 Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupation of deceased? If se, specify (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Stale Place P	15. MA Bloomie Karples Harney	
Where did injury occur? (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Language Dete Fely 14, 1934 Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupation of deceased? If se, specify (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and Stale) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Stale Place P	16. BIRTHPLACE (city or town) Sacto	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place with a let be for the let be fo	(State or country)	(Specify city or town county and State)
Placeutre nale Dete Tety 14, 1936 19. UNDERTAKER (Address) 24. Wes disease or injury in eny way related to occupation of deceased? If se, specify (Signed) M. D. O.		Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
20. FILED Tel. 24, 1936 TTamis S. Bright. (Signed)	10 -1	
20. FILED TRL. 24, 1936 Manie S. Bright (Signed) War Cart		
		(Signed) W. D. D. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 weck ago	
Combined homographics	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 1333	July 5, 1927	Peritonitis	3 days ago	
MINEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

M	infor-	state	UPA-
0	item of	plnods	of occ
(3)	Every.	ICIANS	atement
	RECORD	PHYS	Cxact sta
SERVED FOR BINDING	INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	t it may be properly classified. Exact statement of OCCUPA-
FOR B	IS A PE	stated E	properly
VED	-THIS	ald be	ay be
SER	INK-	shot	t it m

1. PLACE OF DEATH	OF MAKILAND	CERTIFICATE OF DEATH 2	102
County GA		Registration Dist. No.	.53
	Chortz -	No.	St. War
		death occurred in a hospital or institution, give its NAME instead of street	et and number)
	death occurredyrs,mo	ds. How long in U.S. If of foreign birth?yrs	mos
2. FULL NAME	Stillborn	X	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or tov	wn and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I et	
6. DATE OF BIRTH (month, day, and year)	FEL-15-1931		
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importanc were as follows:	
8. Frede, profession, nr perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1 10	SULL 1900	Datacions
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
0 10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spant in this occupation	6	
12. BIRTHPLACE (city or town) (State or country)	ester mid	Other Contributory Causes of Importance:	~~~~~
	auru		
14. BIRTHPLACE (city or town)		Name of operation Dat	te of
(State of country)		What test confirmed diagnosis? Was the	
# 15. MAIDEN NAME Queen	ie Bulley	23. If death wes due to external causes (VIOL ENCE) fill in also the fo	
[State or (country)]	Wed	Accident, suicide, or homicide? Date of Injury_	
17. INFORMANT LILL (Address)	15 Duy Ley	Where did Injury occur?	nd State) LIC PLACE.
18. BURIAL, SREMATION OR REMOVAL	JEL-16 31	Manner of Injury	
10 11.	10.00	Nature of injury	
19. UNDERTAKER TO COMPANY	quapille	24. Was disease or injury In any way related to occupation of decease	ed?
20. FILED Et /6 1936 7	C. Vollowor	(Signed)	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-CERTIFICATE OF DEATH

2000

		2.75
County County	une,	Registration Dist. No. 2,52
Village or City Length of residence In city on town where	6/	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foralgn blrth? yrs. mos. ds
2. FULL NAME		*
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH Feb. 1-
5a. If married, widowad, or divorced	197	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	12-31	I last saw h win aliva on Fat 1 - 1936; death is sale
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	mere as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	, viscos in the second	not & Premina Date of one of
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc		
10. Data dacaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
Cercl	regult. Wel	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country))	Cerebro Spunk mener citis
13. NAME Charles Ch	Hosto.	- Court years
14. BIRTHPLACE (city or town) (State or country)	en Ceme Ce	Name of operation Date of Section Sect
15. MAIDEN NAME MELLE	Kilson	What tast confirmed diagnosis? Was there an autopsy
		23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
16. BIRTHPLACE (city or town)	en lem G	Where did injury occur?
17. INFORMANT Aulia (Address)	Killing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place	Date Jehy 3 , 1934	Manner of Injury
19. UNDERTAKER Seutor (Addiass)	well The	24. Was disease or Injury In any way ralated to occupation of dacaasad?-
	100:01	(Signad) Waterry Trater M.

V. S. No. 1

-WRITE PLAIMLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				Example II		
The principal cause of of importance were as	death and related cafollows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 4 1	936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephra	tis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	٧. 3.	July 5,1927	Peritonitis	3 days ago	
Other contributory can	ses of importance:			Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	
]	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINEY,

V. S. No. 1

1	STATE O	F MARYLAND—	CERTIFICATE OF DEATH 201	14		
1	1. PLACE OF DEATH		920	-3		
	County Lucen Clic	CE.	Registration Dist. No. 🗸 🔾	5		
	Village or City Cust	ed	No. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward		
V	Length of residence in gity or town where d	11/2/1	How long in U.S. if of foreign birth?			
	2. FULL NAME Chinie	Lavinia	Lewell			
1	(a) Residence: No.		St., Ward.			
		(Usual place of abode)	If nonresident give city or town a			
-	PERSONAL AND STATISTI	1	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR ON RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Jeby. 22	193 3 6		
1	5e. If married, widowed, or divorced	wasu	(Month) (Day)	(Year)		
	HUSBAND of (or) WIFE of	Source OP	22.Too I HEREBY CERTIFY thet I ettend	ed deceased from		
	Visita M	and 12 18	1936, to 4201 2	6 . death le said		
	6. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months	Days If LESS than	I last saw harmonic elive on to heve occurred on the date steted above, at 2 6 m.	; deeth is seid		
	62 11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
	8. Trade, profession, or particular	/ O ormin.	were as follows:	Date of onset		
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tousempe	cutocontiles luttali	1934		
		Electronic tes 4270				
	10. Date deceased last worked at	11. Total time (years)	aging hallon			
	this occupetion (month and year)	spant In this	myodegliersks covers	- 75		
	12. BIRTHPLACE (city or town) Tall	of Co	Other Coatributery Causes of importance:	Febr. 18		
	(State or country)	ud	browledly acuta	1421		
	13. NAME COULD TO TOWN)	well		706		
	14. BIRTHPLACE (city or town)	lbot co	Name of operation Dete of			
-		24 20011	Whet test confirmed diagnosis? Was there a			
	E		23. If death was due to external causes (VIOLENCE) fill In also the follow Accident, suicide, or homicide?			
	O 16. BIRTHPLACE (city or town) (State or country)		Where did Injury occur?			
	17. INFORMANT Edmon (Address)	d Sewell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
	18. BURIAL, CREMATION, OR REMOVAL	0-7-171131	Manner of injury			
	Place they ensure	Date 20.24195 (Neture of injury			
	19. UNDERTAKER F. C. Vho	mag,	24. Wes disease or injury in any way related to occupation of deceased?			
7	(Address)	uspille	If so, specify	e		
1	2 FILEO FEA. 22", 1936 F.C	. Thomas	(Signed) THEOTOY SECTION OF THE	M. D.		
1		Local Registrar.	(Address) Hoells Mile			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Recommendation	
	·		1

UNFADING INK-THIS IS A PERMANENT RE

AGE should be

See instructions on back of certificate.

stated EXACTLY. properly classified.

PHYSICIANS should state ord. Every item of inforof OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(2005) × 2005
County Q & G	Registration Dist. No. 450
Village or City / M. Grun Por	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME James Henry Vory	Mor
(a) Residence: No. /	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced Amy Hutchison	(100)
(or) WIFE of	22. The HEREBY CERTIFY. That I attended deceased from
la al IEta	1996,10 1996
6. DATE OF RIRTH (month, day, and year) 104 3/ 850 7. AGE Years Month Days If LESS than	I last saw have alive on 1936; death is said
1 day,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Rulling Powers	1.01.01.DI
	on to und of rullus
work was done, as SILK MILL,	(Porsel of Med chapodam)
Q. 10. Date deceased last worked at	
this occupation (month and 1932 spant in the spant occupation with the	
12. BIRTHPLACE (city or town). Sweet for	Other Coutributory Causes of Importance:
(State or country)	Turing + wining
13. NAME 12.00 H Jank. PA	
13. NAME Jours H. Jayly Pr.	
[14. BIRTHPLACE (city/or jown) (State or country)	Name of operation
15. MAIDEN NAME Tolic O Como	What test confirmed diagnosis? Was there an autopsy?
E Care	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country)	Accident, sulcide, or homicide?
PATT CAN'T	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Alle Clean (Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager
Place Sweedshers 3. 1 Date Feb 17 1936	Manner of injury
1, 10,11,1	Nature of injury.
19. UNDERTAKER Sparke me Stood	24. Was disease or Injury In any way related to occupation of deceased?
(Address) / terumpton mil	If so, specify
20. FILED Feb 14, 19 3 60 4 M Mulacke	(Signed) M. D
Registrar.	(Address)

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE PLAI V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAR 10 1936	July 5,1927	Peritonitis	3 days ago
	BUNEAU Y. S.			
Other contributory	auses of importance:	ָּע	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housavife, Housetaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. As examples: 'a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a: the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locamotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many If the occupation has been changed

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

> and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilanaeum, etc., taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on Nomenclature telunias) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; Chronic Carcinoma, etc. valvular heart disease, The contributory Sarcoma,, etc., o Measles ; of the

If this certificate is looked over thoroughly and all questions any religious did detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

5

plnods

statement

certificate.

jo

may

instructions

See

important.

plain

DEATH

OF

mation s

LON

plnous

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	71	Example II	1757
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1056	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL LECTURE	SPACE FOR FURTHER	R STATEMENTS BY PHYSICI	IAN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

2005

1. PLACE OF DEATH	[84-6]) V
County Lieen Cline	Registration Dist. No. 2 52
Village or City Centriville	NoSt.,Ward
Length of residence in city or town where death eccurred 93 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence in City of town where death octation yes,	less done
2. FULL NAME / MARCIA PARAMELA	X
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 3. 1.
Female White OR DIVORCED (write the word)	(Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of U. Kaulolph Weelow	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Ros 3 - 1849	I last sew h.M. alive on 3.4. 72 , 19.34 death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at
93 3 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chem Valence dans
9. Industry or business in which	of the heart
work was done, as SILK MILL, SAW MILL, BANK, etc	Tractured his due to accidental
10. Date deceased last worked at this occupation (month and spent in this	fall. Duration: two seases Central
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	X The state of the
(State or country)	Tractical Ref
13. NAME Michael Realing	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(Olate of additional)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME CLINARIE TO TOWN) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Accident. Date of injury 19
Colate of country)	(Specify city or town, county and State)
17. INFORMANT (Address) (Restricted not	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Jan Rome,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Acadestal fall,
Piace Cutterell Dete Fety 79, 19 36	Nature of injury Frontised Rife
19. UNDERTAKER / Darlon Bras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cutremete Md	If so, specify
20 FILED Feet. 29 1936 Marie S. Bright.	(Signed) M. D.
20. FILED TVIZE TO THE Resistrar.	(Address) Ulahama, WW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUNEAU V.	July 5, 1927	Peritonitis	3 days ago
	The second secon			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year